

# FCCLA Adviser Recognition Program

## *Master Adviser Overview*

This program recognizes advisers who have been successful in--

- advising an affiliated chapter for a minimum of three years;
- promoting the organization;
- operating a co-curricular chapter with a balanced program of work;
- facilitating youth-centered activities;
- keeping abreast of new happenings within the organization.

### **Criteria for Evaluation**

A. Chapter facilitation skills and accomplishments	50%
B. Promoting the organization	30%
C. Professional development	10%
D. Recommendations	10%

### **Requirements**

Candidates must successfully complete three years of advising to be eligible for recognition. Applicants in their third year of advising may apply.

### **Application Process**

The candidate should submit a typed application and the three required recommendations to the state adviser by February 1. This application may be submitted by the candidate or as a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. When nominating candidates, it is best to contact the nominee to obtain complete information.

### **Review Process**

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, teacher educators, local family and consumer sciences supervisor, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

### **Recognition**

All recipients selected at the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisers unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from API, 4471 Nicole Dr., Lanham, Maryland, 20706, 800/507-7007, or [www.fccla-store.com](http://www.fccla-store.com).

# FCCLA Adviser Recognition Program

## *2002-2003 Master Adviser Application*

### Instructions

*Type all information. Do not attach additional pages or materials except where noted. If you have too much information for the allotted space, select your best examples.*

Return the following to your state adviser by February 1:

1. A completed copy of this Master Adviser Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
  - FCCLA member
  - school administrator (principal, superintendent or vocational director)
  - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

### CANDIDATE INFORMATION

Name of Candidate \_\_\_\_\_

Chapter \_\_\_\_\_

School \_\_\_\_\_

Principal's name \_\_\_\_\_

School address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: School (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Number of years teaching \_\_\_\_\_ Number of years advising \_\_\_\_\_

Courses taught: ☐-Comprehensive ☐-Occupational Number of Members in Chapter \_\_\_\_\_

Grade levels taught \_\_\_\_\_

Family and consumer sciences courses currently teaching \_\_\_\_\_

When FCCLA chapter meets (in class or outside of class) \_\_\_\_\_

**A. Chapter Facilitation Skills and Accomplishments (50%)**

1. Describe how you introduce Family, Career and Community Leaders of America to your students.

2. Describe how projects are planned in your chapter.

3. List types of recognition offered to your chapter members.

Types of Recognition

Who Plans This Recognition

When Received

4. Briefly describe co-curricular chapter projects completed during the past three years

chapter's program of work. representative of your

5. Size of family and consumer sciences program and FCCLA members during the past three

years.

Year

Family and Consumer Sciences Enrollment

FCCLA Members

**B. Promoting the Organization (30%)**

1. *Candidates for office.* Note below the number of officer *candidates* you have sponsored for positions beyond the chapter level during your teaching career.

\_\_\_\_\_ District\*

\_\_\_\_\_ State

\_\_\_\_\_ National

2. *State and nationally sponsored meetings.* List the calendar years you have attended any state or nationally sponsored meetings.

District \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

\* District refers to district, region, parish or any other sub-state level.

### **Master Adviser Application continued--Page 3**

3. Identify state and national publicity resources you have used in the last three years to promote the organization. (video, posters, *Teen Times*, etc.)
  
4. Identify ways your chapter publicizes FCCLA in the community and school.

### **C. Professional Development (10%)**

Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions and other professional development activities during your years as an adviser.

### **D. Master Adviser Recommendation (10%)**

Please photocopy the attached Master Adviser Recommendation Form and secure one

recommendation from each of the groups listed below. A total of three recommendations is

required.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)

# FCCLA Adviser Recognition Program

## *Master Adviser Recommendation*

### **Applicant Instructions**

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser. (See instructions on Master Adviser Application).

### **Evaluator Instructions**

\_\_\_\_\_ is applying for recognition as a Master Adviser.  
Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

A Master Adviser is one who has--

- completed or is completing three years of advising;
- communicated the opportunities of Family, Career and Community Leaders of America (local, state and national levels) to students in the family and consumer sciences program;
- publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of family and consumer sciences;
- advised a chapter that carries out a program of work that--
  - relates to the purposes of the organization;
  - includes curriculum-related projects, balanced by fund raising activities, membership promotion, social events, public relations events and business meetings;
  - includes local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness or Leaders at Work);
  - includes opportunities for individualized, competitive and cooperative actions;
- helped members plan projects related to their own concerns;
- encouraged chapter activities relating to the scope of family and consumer sciences subjects being taught.

## ***FCCLA Master Adviser Recommendation***

Name of candidate \_\_\_\_\_

### **Instructions**

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Promotes FCCLA involvement to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops a relevant program of work--			
■ relates to family and consumer sciences education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ develops a balanced program of work;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ involves students in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ includes cooperative, competitive and individualized activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Person completing this form:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Indicate your position:

☐ FCCLA Member  
☐ School Administrator  
(principal, superintendent or vocational director)  
☐ Person of candidates choice  
(teacher educator, city supervisor, another teacher, etc)



# FCCLA Adviser Recognition Program

## *Master Adviser Screening Form*

**Instructions:** This form is provided for the state adviser's use in screening applications. Complete the grid below for each Master Adviser application received. Check whether each item is included in the application materials. Note whether the application was accepted or rejected for review.

Name \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_

	Date Received	Reviewed
Application form		
Recommendation I FCCLA member		
Recommendation II School Administrator (Principal/superintendent/vocational director)		
Recommendation III Person of Candidate's choice (Teacher educator, city supervisor, another teacher, etc.)		
Three years advising experience		
Deadline met (optional)		
Application accepted		
Application rejected		

# FCCLA Adviser Recognition Program

## *Master Adviser Scoring Criteria*

Candidate's Name \_\_\_\_\_

**Instructions:** This form is to be completed by members of the review committee. Please evaluate the candidate's application and recommendations, recording findings below. Provide comments and note scores where requested. Indicate approval or disapproval of the candidate's application for recognition. Finally, sign and date the form.

Criteria	Comments
<p><b>A. <u>Chapter Facilitation Skills and Accomplishments</u></b></p> <p>Majority of projects relate to--</p> <ul style="list-style-type: none"><li>■ family and consumer sciences education curriculum;</li><li>■ purposes of Family, Career and Community Leaders of America;</li><li>■ community need.</li></ul> <p>Program of work includes--</p> <ul style="list-style-type: none"><li>■ a variety of activities (fundraising, social, PR, membership, etc.);</li><li>■ national and state programs;</li><li>■ balance of individualized, competitive and cooperative activities;</li><li>■ activities with other groups.</li><li>■ FCCLA planning process used.</li><li>■ Appropriate recognition given.</li><li>■ Used wide variety of FCCLA resources.</li></ul> <p>Points Possible 50</p>	<p>Score _____</p>

<p><b>B. <u>Promoting the Organization</u></b></p> <ul style="list-style-type: none"> <li>■ Affiliates over 50% of Family &amp; Consumer Science students.</li> <li>■ Sponsors candidates for office beyond local level.</li> <li>■ Attends state and nationally sponsored meetings.</li> <li>■ Receives positive publicity for chapter action.</li> </ul> <p>Points Possible 30</p>	<p>Score _____</p>
<p><b>C. <u>Professional Development</u></b></p> <ul style="list-style-type: none"> <li>■ Assumes adviser responsibilities beyond local level.</li> <li>■ Attends in-service training sessions and other professional development activities.</li> </ul> <p>Points Possible 10</p>	<p>Score _____</p>
<p><b>D. <u>Recommendations</u></b></p> <p>Recommendations support candidate.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p>Total Points Possible 100</p> <p>Total Score _____</p>	

Additional Comments:

Recommended Action: ☐ Approve ☐ Disapprove

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FCCLA Adviser Recognition Program

## *2002-2003 Master Adviser State Summary*

**Instructions:** Type the names, schools, addresses and phone numbers of the local advisers endorsed by the state review team for recognition as **Master Advisers**. Enclose applications and postmark by April 1 to--

Lynn Meloche  
Chapter Relations Manager  
Family, Career and Community Leaders of America  
1910 Association Drive  
Reston, VA 20191-1584

State Association: \_\_\_\_\_

Number of applications received \_\_\_\_\_ Number accepted \_\_\_\_\_

Number of applications approved for recognition \_\_\_\_\_

Name Street Address City/State/Zip	School Principal Street Address City/State/Zip	Phone Number

# FCCLA Adviser Recognition Program

## *Adviser Mentor Overview*

This program recognizes the skills of experienced advisers who help orient and train new advisers. It also recognizes advisers who have been successful in--

- achieving Master Adviser recognition;
- devoting two years to new adviser assistance;
- assuming adult leadership roles in Family, Career and Community Leaders of America;
- conducting adviser workshops;
- attending training workshops;
- using national and state FCCLA resources.

### **Criteria for Evaluation**

A. New adviser assistance	45%
B. Leadership roles	35%
C. Professional development	10%
D. Recommendations	10%

### **Requirements**

The candidate must have--

- attained Master Adviser recognition;
- assisted beginning advisers for a minimum of two years after receiving Master Adviser recognition.

### **Application Process**

A typed application and at least three recommendations should be submitted to the state adviser by February 1. This application may be submitted by the candidate or as a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. Nominees may need to be contacted to obtain complete information.

### **Review Process**

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, local advisers, teacher educators, local family and consumer sciences supervisors, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

### **Recognition**

All recipients selected at the state level will be recognized at the National Leadership Meeting. Recognition pins will be presented to recipients attending the meeting. Advisers unable to attend will receive their pins by mail following the meeting. Recognition items may be purchased from API, 4471 Nicole Dr., Lanham, Maryland, 20706, 800/507-7007, or [www.fccla-store.com](http://www.fccla-store.com).

# FCCLA Adviser Recognition Program

## *2002-2003 Adviser Mentor Application*

### Instructions

*Type all information. Do not attach additional pages or materials except where noted.* Responses to questions should be based on your work as an Adviser Mentor during a two-year period.

Return the following to your state adviser by February 1:

1. A completed copy of this Adviser Mentor Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
  - FCCLA member
  - school administrator (principal, superintendent or vocational director)
  - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

### CANDIDATE INFORMATION

Name of Candidate \_\_\_\_\_

Chapter \_\_\_\_\_

School \_\_\_\_\_

Principal's name \_\_\_\_\_

School address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: School (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Number of years teaching \_\_\_\_\_ Number of years advising \_\_\_\_\_

Courses taught:    ☐-Comprehensive    ☐-Occupational    Number of Members in Chapter \_\_\_\_\_

Grade levels taught \_\_\_\_\_

Family and consumer sciences courses currently teaching \_\_\_\_\_

When FCCLA chapter meets (in class or outside of class) \_\_\_\_\_

**Adviser Mentor Application continued--Page 2**

**A. New Adviser Assistance (45%)**

List names of advisers you have helped develop a chapter (new or reaffiliated) since you achieved Master Adviser status. Describe both how you helped them become involved in state and national programs and develop advising skills.

<u>Year</u>	<u>Adviser's Name</u>	<u>Chapter</u>	<u>How You Helped Them</u>
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**B. Leadership Roles (35%)**

Describe FCCLA leadership roles you have fulfilled and adviser training workshops you have conducted at the district, state and national levels.

List your most rewarding accomplishments as an Adviser Mentor.

**C. Professional Development (10%)**

Describe FCCLA leadership roles you have fulfilled beyond your local chapter during your years as an adviser.

**D. Adviser Mentor Recommendations (10%)**

Please photocopy the attached Adviser Mentor Recommendation Form and secure one recommendation from each of the groups listed below. A total of 3 recommendations are required.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)



# FCCLA Adviser Recognition Program

## *Adviser Mentor Recommendation*

### **Applicant Instructions**

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser.

### **Evaluator Instructions**

\_\_\_\_\_ is applying for recognition as a Adviser Mentor.  
Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

An Adviser Mentor is one who has--

- devoted at least two years to assisting beginning or returning advisers;
- encouraged teachers to establish chapters;
- encouraged beginning advisers to participate in state and national activities;
- helped beginning advisers develop plans and systems of management;
- provided positive reinforcement to new advisers;
- listened to beginning advisers' concerns;
- conducted adviser training activities;
- assumed adult leadership roles in Family, Career and Community Leaders of America;
- attended recent FCCLA meetings beyond the local level;
- used current FCCLA resources.

## ***FCCLA Adviser Mentor Recommendation***

Name of candidate \_\_\_\_\_

### **Instructions**

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Assists beginning advisers to--			
■ establish new chapter;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ participate in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ develop plans and systems of management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Listens to beginning advisers' concerns and provides positive reinforcement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assumes adult leadership roles in FCCLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conducts adviser training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participates in professional development for advisers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attends FCCLA meetings beyond local level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Uses FCCLA resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Person completing this form:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Indicate your position:

- ☐ FCCLA Member  
☐ School Administrator  
(principal, superintendent or vocational director)  
☐ Person of candidates choice  
(Teacher educator, city supervisor, another teacher, etc)

# FCCLA Adviser Recognition Program

## *Adviser Mentor Screening Form*

**Instructions:** This form is provided for the state adviser's use in screening applications. Complete the grid below for each Adviser Mentor application received. Check whether each item is included in the application materials. Note whether the application was accepted or rejected for review.

Name \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_

	Date Received	Reviewed
Application form		
Recommendation I FCCLA member		
Recommendation II School Administrator (Principal/superintendent/vocation director)		
Recommendation III Person of Candidate's choice (Teacher educator, city supervisor, another teacher, etc.)		
Master Adviser recognition		
Two years' assistance to beginning advisers since Master Adviser Recognition		
Deadline met (optional)		
Application accepted		
Application rejected		

# FCCLA Adviser Recognition Program

## *Adviser Mentor Scoring Criteria*

Candidate's Name \_\_\_\_\_

**Instructions:** This form is to be completed by members of the review committee. Please evaluate the candidate's application and recommendations, recording findings below. Provide comments and note scores where requested. Indicate approval or disapproval of the candidate's application for recognition. Finally, sign and date the form.

Criteria	Comments
<p><b>A. <u>New Adviser Assistance</u></b></p> <p>Examples of action might include--</p> <ul style="list-style-type: none"><li>■ encourage advisers to develop chapters;</li><li>■ encouraged advisers to participate in state and national activities;</li><li>■ helps advisers develop plans and systems of management;</li><li>■ shared techniques;</li><li>■ provided positive reinforcement;</li><li>■ listened to beginning advisers' concerns.</li></ul> <p>Points Possible 45</p>	<p>Score _____</p>
<p><b>B. <u>Leadership Roles</u></b></p> <ul style="list-style-type: none"><li>■ Has assumed adult leadership roles in Family, Career and Community Leaders of America.</li><li>■ Has led adviser training activities.</li></ul> <p>Points Possible 35</p>	<p>Score _____</p>

<p><b>C. <u>Professional Development</u></b></p> <p>Keeps up-to-date with Family, Career and Community Leaders of America through training opportunities.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p><b>D. <u>Recommendations</u></b></p> <p>Recommendations support candidate.</p> <p>Points Possible 10</p>	<p>Score _____</p>
<p>Total Points Possible 100</p>	<p>Total Score _____</p>

Additional Comments:

Recommended Action: ☐ Approve ☐ Disapprove

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FCCLA Adviser Recognition Program

## *2002-2003 Adviser Mentor State Summary*

**Instructions:** Type the names, schools, addresses and phone numbers of the local advisers endorsed by the state review team for recognition as **Adviser Mentors**. Enclose applications and postmark by April 1 to--

Lynn Meloche  
Chapter Relations Manager  
Family, Career and Community Leaders of America  
1910 Association Drive  
Reston, VA 20191-1584

State Association: \_\_\_\_\_

Number of applications received \_\_\_\_\_ Number accepted \_\_\_\_\_

Number of applications approved for recognition \_\_\_\_\_

Name Street Address City/State/Zip	School Principal Street Address City/State/Zip	Phone Number